

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28617

1. PLACE OF DEATH

County Vernon

Registration District No. 875

Township Washington

Primary Registration District No. 616.2

City Marion

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. State Hospital #3 St.

(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

\_\_\_\_\_ yrs.

\_\_\_\_\_ mos.

\_\_\_\_\_ ds.

How long in U. S., if of foreign birth?

\_\_\_\_\_ yrs.

\_\_\_\_\_ mos.

\_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 15, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

79

6

12

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Indiana

13. NAME

James Paul

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Mary Allen

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Indiana

17. INFORMANT  
(ADDRESS)

State Hospital #3  
Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn

DATE Aug. 30, 1933

19. UNDERTAKER  
(ADDRESS)

Pond & Reavley  
Rich Hill, Mo.

20. FILED

9-4-33 E. R. King  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from

June 6, 1932, to August 28, 1933

Last saw him alive on August 28, 1933. Death is said

to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Senile Degeneration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Plurilateral X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) K. S. Grogan, M. D.

(Address) State Hospital #3

